

TI Management of ribavirin treatment in renal insufficiency and dialysis.
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AU Bruchfeld, Annette (1); Stahle, Lars; Schvarcz, Robert;
Andersson, Jan

AB Background: Standard therapy for chronic hepatitis C (HCV) is
interferon-alfa and ribavirin for 6-12 months, but ribavirin is
contraindicated in renal insufficiency due to fear of side-effects. Aim:
To study if ribavirin can be added to interferon-alfa when treating
dialysis patients as well as renal insufficient patients with HCV.
Material and methods: 5 dialysis patients with HCV, all genotype 1, were
treated for 4 weeks with interferon-alfa-2b 3 MU thrice weekly whereafter
ribavirin at a low dose was added for a total treatment of 28 weeks. 3
other patients, 1 HCV related glomerulonephritis and 2 kidney
transplanted
patients were treated with ribavirin monotherapy, creatinine clearance
varying from 10-30 ml/min. Ribavirin plasma concentration was monitored
with a HPLC method. Results: 3 dialysis patients completed the treatment,
1 terminated treatment due to interferon side-effects, 1 developed heart
failure and died after 14 weeks of treatment, but this was not considered
treatment related. 2 monotherapy patients have been treated for 9-18
months, whereas 1 stopped due to compliance problems. Initially ribavirin
doses were frequently adjusted according to plasma concentration. The
dialysis group reached steady-state with average daily doses of 170-300
mg
ribavirin; the other patients with 200-600 mg. Ribavirin induced anemia
was managed with low-dose iron as well as erythropoetin, in dialysis
patients 20000-30000 IU/week, in renal insufficiency 4000-8000 IU. 4/5
dialysis patients became HCV-RNA negative during treatment but relapsed
post-treatment. Conclusion: The results indicate that ribavirin can be
used in renal insufficiency and dialysis. However, this requires reduced
ribavirin doses as well as close monitoring of ribavirin concentrations.
Ribavirin induced anemia can be managed with erythropoetin.

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